

DELAWARE HEALTH STATISTICS CENTER

APPLICATION FOR PROTECTED DATA FILES

(FOR USE BY DIVISION OF PUBLIC HEALTH SECTIONS/PROGRAMS)

Protected health data include personal identifiers, such as name and social security numbers, which reveal the identity of the individual whose health care is the subject of information.

Name:		Date:
Title:		Section or Office:
Street Address:		City:
State:	Zip Code:	Phone:
Email Address:		

DATA REQUESTED

File Type	<input type="checkbox"/> Live Births	<input type="checkbox"/> Deaths	<input type="checkbox"/> Fetal Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce
Year(s) Requested	File format		<input type="checkbox"/> ASCII text	<input type="checkbox"/> SPSS	<input type="checkbox"/> Excel
Variables Requested					
Project or Study Title					
List the primary project or study objectives, and briefly describe the health, medical, or other problem addressed by the proposed project. (Attach additional sheets if necessary.)					
Describe how the data files will be used, stored, protected, and dealt with at the completion of the project. Include how and when you plan to destroy or return copies of vital records data after your project is completed and the approximate project completion date. (Attach additional sheets as necessary.)					

User Names (List all users who will have access to the requested data files).	
Protected Data User's Agreement	
<p>I, the undersigned, in accordance with Delaware law, agree to the following terms and conditions related to this application and the use of the information obtained from the Delaware Health Statistics Center (DHSC).</p> <p>I agree not to sell, release, or otherwise transfer the files, or any portion thereof, provided under this agreement. I agree that the data obtained from the DHSC will be used only for the project proposed and the purposes described in this application. Use of the information for purposes other than those described will not be undertaken until a separate application form for the project has been submitted to, and approved by, the DHSC. I agree to maintain the data in a secure manner, and to destroy or return the data to the DHSC following their described use.</p>	
<p>I further agree to the following for any material derived from these vital statistics files:</p> <ol style="list-style-type: none"> 1. No statement shall be made indicating or suggesting that interpretations drawn from the vital statistics data files are those of the Delaware Health Statistics Center. 2. If cited in a publication or presentation, the source of the data will be acknowledged as the Delaware Vital Statistics Data, Delaware Health Statistics Center, Division of Public Health, Delaware Health and Social Services. 	
Signature - Project Director:	Date:
Signature - Section Chief:	Date:
Delaware Health Statistics Center (DHSC) Use Only	
Application complete:	Date:
DHSC Authorization:	

Please mail the completed application to the following address:

**Delaware Health Statistics Center
Attn: Barbara Gladders
417 Federal Street
Dover, DE 19901**

Phone: (302) 744-4541 Fax: (302) 739-4784



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health